



Update on South Sudan Polio Transition Process

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Outline

1. Country Background
2. Transition planning update
 - Governing and management team.
 - Asset mapping.
 - Mapping of country priorities.
3. Country context
4. Next steps
5. Challenges
6. Support needed

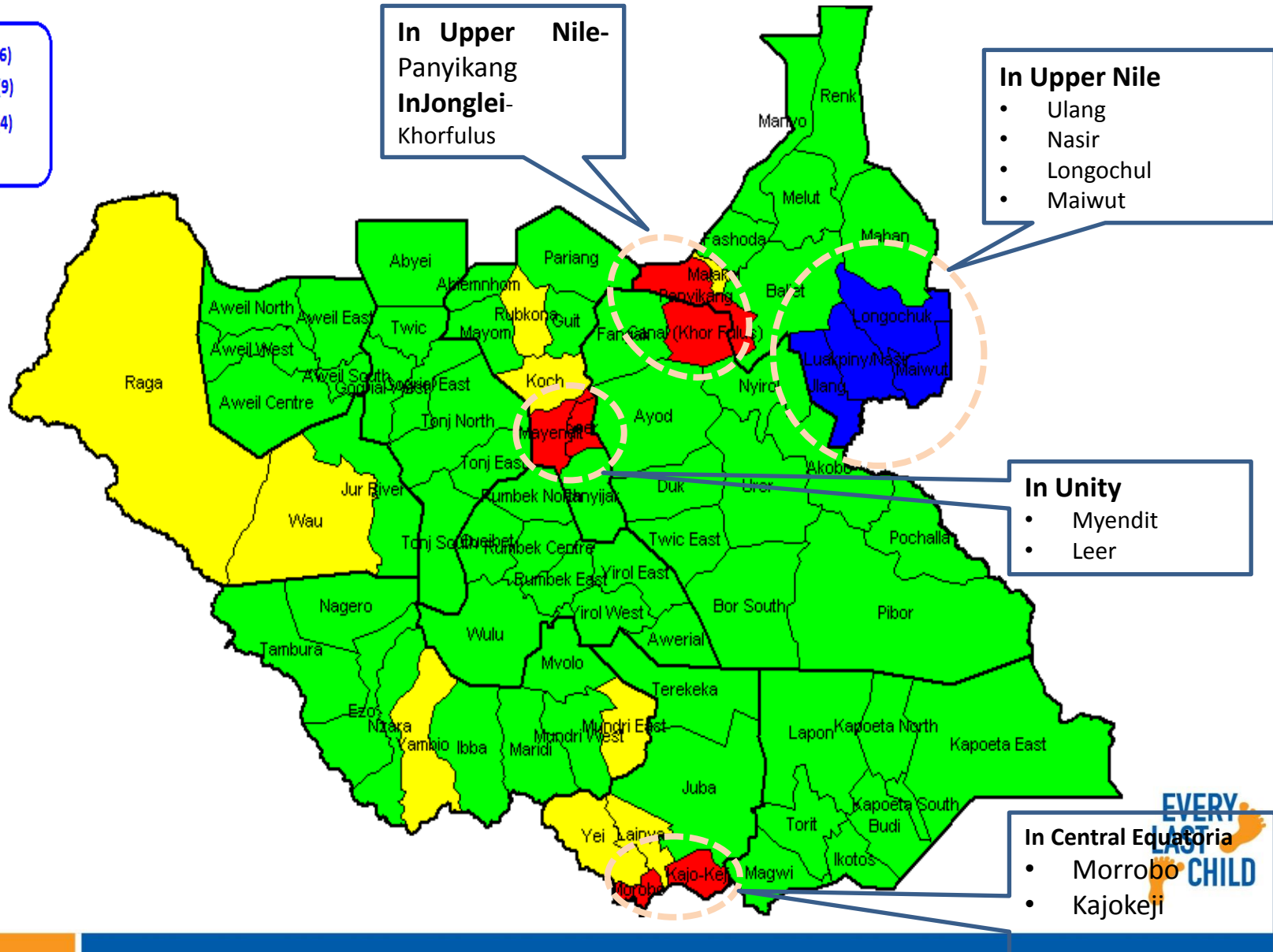
South Sudan Back ground

- The country is based on a decentralised system of governance at various levels, including national, state and county.
- At present, the country has 32 states from ten States, which are further subdivided into counties.
- Less than 1% of GDP spent on health with less on EPI
- 15th Dec 2013, the first conflict broke out in the country, States of Jonglei, Upper Nile and Unity were severely affected.
- Followed by the 7th July 2016, with the conflict becoming more sporadic and continuous in nature with some improvement in areas in Government control.

Accessibility based on Feb 2017 round NID's

Legend

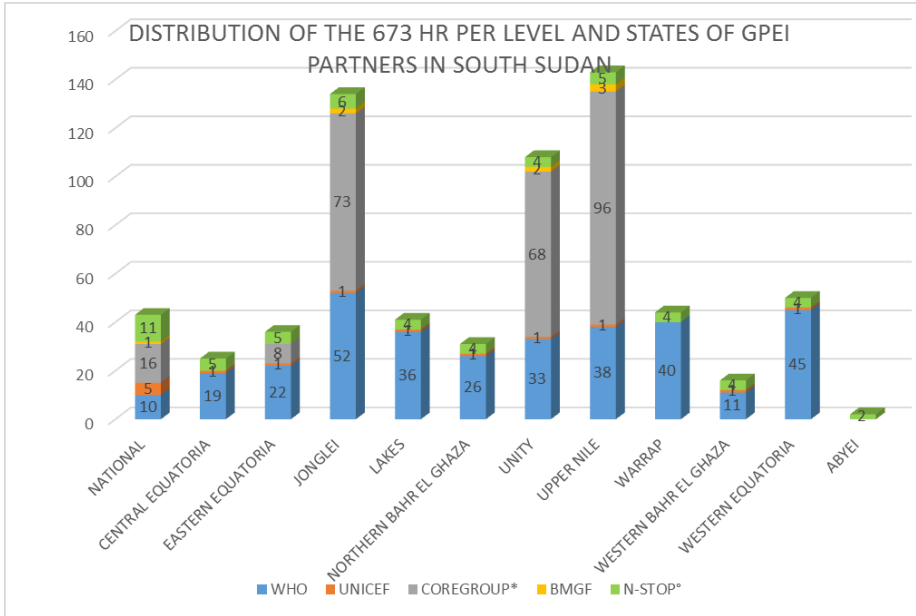
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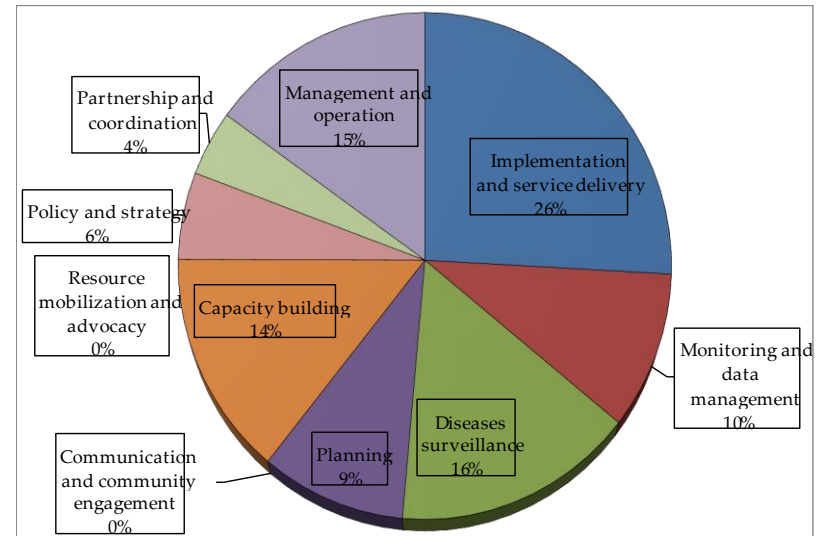
Transition Planning Update

S/N	Name of Committee	Chair of Committee	Role of Committee
1	Inter-agency Coordination Committee (ICC)	Chaired by the Minister of Health with Heads of UN Agencies.	Provide guidance on health issues, policies and serves as link between technical and political institutions (Last met Dec 2 2016)
2	Polio Countdown Committee	Chaired by the Minister of Health with Heads of Agencies, donors and partners	Provide high level overview and support to the final 12 months of South Sudan's efforts to achieve polio eradication certification
3	Polio Legacy Planning Committee	National EPI Coordinator using the EPI Technical Working Group.	Provide all Policy direction and supervisory oversight on all legacy planning activities proposed and submitted by the Polio Legacy Technical Task Force (PLTTF) chaired by the EPI Director (Meet weekly to assess the polio transition progress)

Asset Mapping of Polio funded

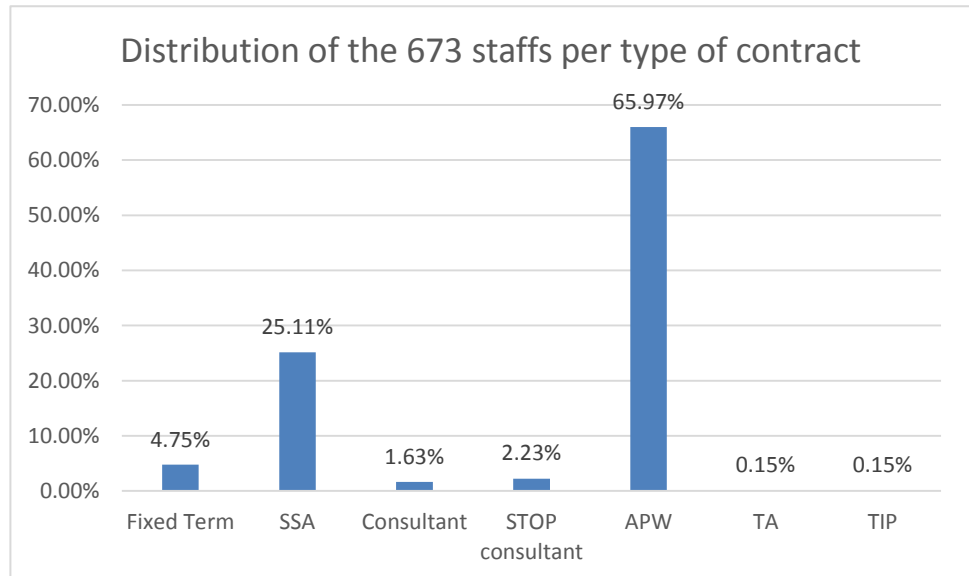


Functions carried out



The Human Resources as at March 2017 is WHO - 332 UNICEF -14 staff
 Core group - 261 staff, BMGF - 8 staff
 N- STOP mentorship -58
 Others include STOP program
 Majority of staff in WHO are on APW contracts and are designated as Field volunteers and supervisors who are involved in community surveillance along with other health interventions

Distribution of the 673 staffs per type of contract



Asset Mapping of physical asset completed

Snapshot of fixed asset completed for South Sudan

Location	Item Description	Year of Purchase	Quantity	Cost (USD)	Total Cost (USD)
AWEIL HUB	Generator	2014	1	13000	13000
AWEIL HUB	Motororal Radio	2014	6	403	2418
AWEIL HUB	Vehicle, Toyota	2015	1	26070	26070
AWEIL HUB	Vehicle, Toyota	2012	1	38400	38400
BENTIU HUB	Codan	2011	2	807	1614
BENTIU HUB	Laptop	2015	1	1917.5	1917.5
BENTIU HUB	Laptop	2016	1	1196	1196
BENTIU HUB	Motororal Radio	2014	5	403	2015

Human Resources	USD
WHO	6,879,420.00
UNICEF	3,719,723.00
Total	10,599,143.00
Fixed Assets	USD
WHO	2,209,465.00
UNICEF	393,157.00
Total	2,602,622.00

NB: By the time the transition is over most of the fixed assets will be of little value.

The focus will be on the human resources, its functionality along with institutional memory and capacity.

- The Boma Health Initiative as endorsed in the Health Summit 2017 by the Government of South Sudan will be used to transfer assets and functions.
- Impact on EPI activities that include Routine immunization, vaccine security, logistic, AFP surveillance, training. Use of GAVI HSS for medium and long term financial sustainability
- Impact on IDSR along with outbreak response as majority of resources used are from the Polio network
Use the WHE structure
- Effect on Capacity building, coordination and supportive supervisory visits.

Country Context

- South Sudan is in a unique position as the ramp down affects only the SIAs.
- In 2016, the abolishment of international positions to adhere to GPEI budget ceiling was conducted.
- In order not to compromise PEI activities, national staff were engaged with revised terms of reference.
- No further budget reduction planned for 2018 and 2019 giving South Sudan time to plan and conduct the transition.

Next Steps

- A stakeholders meeting where the updated mapping is endorsed.
- Conduct the Polio simulation exercise in May.
- Develop the business case model with support from partners (Address scope and link transition to new programs TA needed)
- Resource mobilization
- Finalize outstanding activities
 - The communication and advocacy plan.
 - The best practice documentation and lessons learnt
- Stakeholders meeting where the transition plan is presented and endorsed by the MOH South Sudan

Timeframe + Budget

- ✓ South Sudan will target November 2017 to finalize the polio transition plan in order to take in to consideration inputs from Gavi JA 2017 and also obtain ICC endorsement.
- ✓ Budget requirement = US\$372,960.

Challenges

- Time frame for completing the transition process
- With the eventual closure of GPEI, the possibility of collapse of the EPI system is imminent.
- Vaccines security is 100% dependent on GPEI funds (Cold chain storage).
- Local Technical Capacity is sub optimal.
- Political instability (insecurity)
- DPT3 coverage (admin)at 44% in 2016 and ongoing Measles/Rubella outbreak in most of states.

Challenges

- The protracted conflict in the country and financial situation makes it difficult for the country to immediately take over the function and structure in the short term but the plan is the structure will eventually be owned by the Government, as South Sudan is a signatory to the Addis Declaration on Immunization to increase finances.
- Unpredictable administrative divisions of second and third levels

Support Needed

- Support in sensitizing the government decision-makers in the closure of GPEI and the transition planning process
- Technical assistance for the development of the Polio Stimulation exercise, business model.
- Advocacy to line Ministries on the Polio transition.
- Additional resources will be required to complete transition planning

THANK YOU